

Inga Rubecka

REQUEST FOR CHANGE

EPA ID #: CTD 001167493

COMPANY NAME: Ball &amp; Socket Mfg Co

TOWN: Cheshire

	SECTION/ITEM TO BE CHANGED	OLD VALUE	NEW VALUE	REASON/COMMENTS
* I	Name of Installation			
II	Location of Installation			
III	Installation Mailing Address			
IV a.	Installation Contact's Name	Neil Loncobardi	Stanley Wrublewski	per 1988 Fac Report
b.	Installation Contact Title			
c.	Installation Contact Phone #			
V a.	Ownership			
b.	Property Owner			
VI	Status	(Originally notified as:) SQG (<100kg)  SQG (100-1000kg)  GENERATOR  TRANSPORTER  TSDF	Change status to:	
X	EPA Waste Number(s)  TSD Facility Process Changes (handling methods).			

\* Corresponds to numbering on EPA Notification of Hazardous Waste Activity Form.

67  
6.24.99**REQUEST FOR CHANGE**

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CTD001167493 Company Name: BALL & SOCKET MFG CO

Date of Request: Town: CHESHIRE

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation	P O BOX 2316 MERIDEN CT 06450	131 WILLOW STREET, CHESHIRE CT, 06410	PER PART A DATED 12/10/96
IV.a. Installation Contact's Name	ENV ENGR	DALTON ENTERPRISES	
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status	Originally notified as: (please circle) CESQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  LQG ( >1000 kg/mth)  Transporter  T/S/D Facility		
	Change Status to:		



REQUEST FOR CHANGE

Note: If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D001167493 Company Name: Bull & Socket Mfg. Co.

Date of Request: 5/30/97 Town: Cheshire

*Handwritten notes:*  
JST  
6/16/97  
QC  
7/31/97

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation	P.O. Box 241 Canton, MA 02021	P.O. Box 2316 Meriden, Ct. 06450	P.O. Change Address
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status	Originally notified as: (please circle) CESQG ( <100 kg/month )  SQG (100 - 1000 kg/month)  LQG ( >1000 kg/mth)  Transporter  T/S/D Facility	Change Status to:	

REQUEST FOR CHANGE

**Note:** If your company has moved to a new location, then you must submit a new EPA Notification of Hazardous Waste Activity Form and you must obtain a new US EPA Identification Number.

The numbering on this form corresponds to the numbering on EPA Notification of Hazardous Waste Activity Form.

EPA ID Number: CT D001167493 Company Name: BALL & SOCKET MFG CO.

Date of Request: 3/13/96 Town: CHESHIRE

SECTION/ITEM TO BE CHANGED	CURRENT INFORMATION	CHANGE INFORMATION TO:	REASON/ COMMENTS
I. Name of Installation			
II. Location of Installation			
III. Mailing Address of Installation			
IV.a. Installation Contact's Name			
b. Installation Contact's Title			
c. Installation Contact's Phone			
V.a. Ownership			
b. Property Owner			
VI. Status		Change Status to:	
Originally notified as: (please circle) CESQG ( <100 kg/month )			
SQG (100 - 1000 kg/month)			
LQG ( >1000 kg/mth)			
Transporter			
T/S/D Facility			

TSHV  
4/8/96  
P.C.  
4/10/96



June 27, 1983

Gregory Sharp, Esquire  
Lewis, Sharp & Lewis  
39 Russ Street  
Hartford, Connecticut 06106

RE: The Ball and Socket Company; CTD001167493

Dear Attorney Sharp:

EPA has received the revised application which you submitted pursuant to 40 CFR 270.72 (formerly 40 CFR 122.23(c)(4)) and acknowledges the change in ownership at the above referenced facility. Although the facility owner has changed the company's EPA Identification Number, CTD001167493 remains valid.

The Ball and Socket Company must comply with the Regulations of Connecticut State Agencies Section 25-54cc(c)-35, Financial Requirements, until the new owner, The Ball and Socket Manufacturing Company of Delaware, Inc. has demonstrated to the Connecticut State Director that they are complying with this Section. Once a demonstration has been made The Ball and Socket Company will receive notification that they no longer need to comply with the financial requirements. All other interim status duties are transferred effective immediately upon the date of the ownership change.

If you have any questions you may contact Ms. Cindy Gilder, of my staff, at (617)223-4448.

Sincerely,

Richard C. Boynton, Chief  
Permits and CT Waste Programs Section

cc: CT DEP, Attn: Edward Parker  
The Ball & Socket Manufacturing Company of Delaware Inc;  
The Ball & Socket Company  
493 West Main Street  
Cheshire, Connecticut 06410  
Attn: James Filaoro

CONCURRENCES							
SYMBOL	SWP/B						
SURNAME	Boynton						
DATE	6/27/83						



<b>For EPA Regional Use Only</b>  <b>Date Received</b> Month   Day   Year _____	 United States Environmental Protection Agency Washington, DC 20460 <h1 style="margin: 10px 0;">Hazardous Waste Permit Application</h1> <h2 style="margin: 10px 0;">Part A</h2> <p>(Read the Instructions before starting)</p>	<b>For State Use Only</b>  <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">DEC 10 1996</div> <div style="text-align: center; font-size: 0.8em;">             DEP-Waste Management Bureau              Waste Engineering &amp; Enforcement              Closure Division           </div>
<b>I. ID Number(s)</b>		
<b>A. EPA ID Number</b> C T D 0 0 1 1 6 7 4 9 3		<b>B. Secondary ID Number (if applicable)</b> _____
<b>II. Name of Facility</b> B A L L & S O C K E T M F G R. C O, I N C.		
<b>III. Facility Location (Physical address not P.O. Box or Route Number)</b>		
<b>A. Street</b> 4 9 3 W E S T M A I N S T R E E T Street (continued) _____		
<b>City or Town</b> C H E S H I R E		<b>State</b> C T
<b>County Code (if known)</b> _____		<b>ZIP Code</b> 0 6 4 1 0 -
<b>County Name</b> N E W H A V E N		
<b>B. Land Type</b> (enter code) P	<b>C. Geographic Location</b> <b>LATITUDE</b> (degrees, minutes, & seconds) 4 1 3 0 0 2 5 <b>LONGITUDE</b> (degrees, minutes, & seconds) 0 7 2 5 4 0 2 1	
		<b>D. Facility Existence Date</b> Month   Day   Year 1 1 1 0 1 9 8 0
<b>IV. Facility Mailing Address</b>		
<b>Street or P.O. Box</b> 1 3 1 W I L L O W S T R E E T		
<b>City or Town</b> C H E S H I R E		<b>State</b> C T
		<b>ZIP Code</b> 0 6 4 1 0 -
<b>V. Facility Contact (Person to be contacted regarding waste activities at facility)</b>		
<b>Name (last)</b> S T A R K		<b>(first)</b> T H O M A S
<b>Job Title</b> C O N S U L T A N T S		<b>Phone Number (area code and number)</b> 8 6 0 - 8 7 5 - 7 6 5 5
<b>VI. Facility Contact Address (See instructions)</b>		
<b>A. Contact Address</b> Location   Mailing _____	<b>B. Street or P.O. Box</b> 2 7 N A E K R O A D	
<b>City or Town</b> V E R N O N		<b>State</b> C T
		<b>ZIP Code</b> 0 6 0 6 6 -



EPA ID Number (enter from page 1)

Seco. ID Number (enter from page 1)

C T D O 0 1 1 6 7 4 9 3

## I. Nature of Business (provide a brief description)

Former operations conducted at the site by Ball & Socket Manufacturing Company of Delaware, Inc. were the manufacture of fabric coated and metal buttons for automobiles, garments, and upholstery. Metal buttons may have been zinc coated or nickel plated. Various antique looks require oxide coatings.

All manufacturing operations on-site ceased in 1994.

Dalton Enterprises will use the property for storage of packaged products waiting wholesale/retail sale.

## XII. Process - Codes and Design Capacities

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in Item XIII.

B. PROCESS DESIGN CAPACITY - For each code entered in column A, enter the capacity of the process.

1. AMOUNT - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

C. PROCESS TOTAL NUMBER OF UNITS - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	UNIT OF MEASURE	UNIT OF MEASURE CODE
	<b>DISPOSAL:</b>			
D79	INJECTION WELL	GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY	GALLONS .....	G
D80	LANDFILL	ACRE-FEET OR HECTARE-METER	GALLONS PER HOUR .....	E
D81	LAND APPLICATION	ACRES OR HECTARES	GALLONS PER DAY .....	U
D82	OCEAN DISPOSAL	GALLONS PER DAY OR LITERS PER DAY	LITERS .....	L
D83	SURFACE IMPOUNDMENT	GALLONS OR LITERS	LITERS PER HOUR .....	H
	<b>STORAGE:</b>		LITERS PER DAY .....	V
S01	CONTAINER (barrel, drum, etc.)	GALLONS OR LITERS	SHORT TONS PER HOUR .....	D
S02	TANK	GALLONS OR LITERS	METRIC TONS PER HOUR .....	W
S03	WASTE PILE	CUBIC YARDS OR CUBIC METERS	SHORT TONS PER DAY .....	N
S04	SURFACE IMPOUNDMENT	GALLONS OR LITERS	METRIC TONS PER DAY .....	S
	<b>TREATMENT:</b>			
T01	TANK	GALLONS PER DAY OR LITERS PER DAY	POUNDS PER HOUR .....	J
T02	SURFACE IMPOUNDMENT	GALLONS PER DAY OR LITERS PER DAY	KILOGRAMS PER HOUR .....	R
T03	INCINERATOR	SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR; OR BTU'S PER HOUR	CUBIC YARDS .....	Y
			CUBIC METERS .....	C
T04	OTHER TREATMENT	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY	ACRES .....	B
	(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or incinerators. Describe the processes in the space provided in Item XIII.)		ACRE-FEET .....	A
			HECTARES .....	Q
			HECTARE-METER .....	F
			BTU's PER HOUR .....	K



EPA I.D. Number (enter from page 1)

Secondary ID Number (enter from page 1)

C T D 0 0 1 1 6 4 9 3

**XIV. Description of Hazardous Wastes**

**A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

**NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:**

1. Enter the first two as described above.
2. Enter "000" in the extreme right box of Item XIV-D(1).
3. Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "Included with above" and make no other entries on that line.
3. Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

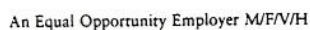
Line Number	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESS									
				(1) PROCESS CODES (enter)						(2) PROCESS DESCRIPTION (if a code is not entered in D(1))			
X 1	K 0 5 4	900	P	T	0	3	D	8	0				
X 2	D 0 0 2	400	P	T	0	3	D	8	0				
X 3	D 0 0 1	100	P	T	0	3	D	8	0				
X 4	D 0 0 2												Included With Above



EPA Form 8700-23 (01-90)



DEP-Waste Management Bureau  
Waste Engineering & Enforcement  
Closure Division





After you review this information, we would appreciate a very brief letter from the Commissioner confirming that the real estate sale can proceed on the 10<sup>th</sup> of December and therefore prior to the 90 notice period specified in 40 CFR 270.72 without either party incurring liability. Please contact me if you have any questions.



Very truly yours,

GZA GEOENVIRONMENTAL, INC.

A handwritten signature in black ink, appearing to read 'Thomas F. Stark'.

Thomas F. Stark  
Associate Principal

cc: Attorney James Miele  
Mr. Richard Stapleton  
Attorney James A. Thompson, Jr.  
Attorney Andrew N. Davis

g:\41671.d33\41671-00.tfs\revparta.doc

December 6, 1996

State of Connecticut  
Department of Environmental Protection  
Waste Engineering and Enforcement Division  
79 Elm Street  
Hartford, Connecticut 06106

RE: RCRA Part B Trust Agreement, dated October 5, 1983  
The Ball & Socket Manufacturing Company of Delaware, Inc., Grantor  
Premises located at: 493 West Main Street, Cheshire, Connecticut  
DEP I.D. No.: CTD00167493

Dear Mr. Dews:

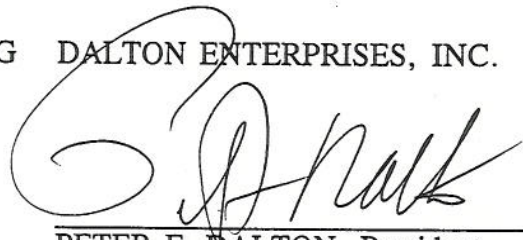
This letter is to confirm that The Ball & Socket Manufacturing Company, Inc. ("Seller") and Dalton Enterprises, Inc. ("Buyer") are aware of the continuing obligation of the Buyer to perform post-closing maintenance and monitoring at the above-referenced premises (the "Facilities"). The Seller further acknowledges that the above-referenced Trust Agreement, shall remain in effect until the DEP directs substitution of the Buyer for the Seller in accordance with applicable regulations, provided, however that the corpus of said Trust is and shall remain available for the costs of closure and/or post-closure care of the Facilities, subsequent to the closing of the sale of the Facilities to the Buyer, for the duration of the Trust as contemplated in said Agreement or any replacement agreement. The Seller and Buyer hereby agree to execute any and all instruments deemed necessary by the Department of Environmental Protection to effect the substitution of the Buyer for the Seller as "Grantor" under said Trust Agreement.

If anything further is required please let us know.

Very truly yours,

THE BALL & SOCKET MANUFACTURING COMPANY, INC. DALTON ENTERPRISES, INC.

  
RICHARD D. STAPLETON, President

  
PETER F. DALTON, President



<b>FORM</b> <b>3</b>	<b>EPA</b>	<b>ENVIRONMENTAL PROTECTION AGENCY</b> <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i>	<b>I. EPA I.D. NUMBER</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">S</td> <td style="width:20px;">F</td> <td style="width:20px;">C</td> <td style="width:20px;">T</td> <td style="width:20px;">D</td> <td style="width:20px;">0</td> <td style="width:20px;">0</td> <td style="width:20px;">1</td> <td style="width:20px;">1</td> <td style="width:20px;">6</td> <td style="width:20px;">7</td> <td style="width:20px;">4</td> <td style="width:20px;">9</td> <td style="width:20px;">3</td> <td style="width:20px;">T/A</td> <td style="width:20px;">C</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> </table>	S	F	C	T	D	0	0	1	1	6	7	4	9	3	T/A	C	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
S	F	C	T	D	0	0	1	1	6	7	4	9	3	T/A	C																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																				

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

<b>A. FIRST APPLICATION</b> (place an "X" below and provide the appropriate date) <input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20px;">C</td> <td style="width:20px;">YR.</td> <td style="width:20px;">MO.</td> <td style="width:20px;">DAY</td> </tr> <tr> <td>8</td> <td>30</td> <td>06</td> <td>15</td> </tr> <tr> <td>15</td> <td>73</td> <td>74</td> <td>75</td> </tr> </table> </div> <div style="width: 50%;">           FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., &amp; day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)         </div> </div>		C	YR.	MO.	DAY	8	30	06	15	15	73	74	75
C	YR.	MO.	DAY										
8	30	06	15										
15	73	74	75										

☐ 2. NEW FACILITY (Complete item below.)  
 FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN  

YR.	MO.	DAY
73	74	75

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS			
<b>Disposal:</b>			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C	T/A	C	1	13	14	15
DUP							

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5	S 0 1	Spent perchlor	300	G
X-2	T 0 3	20	E		6				
1	T 0 2	Lagoons	35,000	G	7				
2	T 0 1	Treatment Sys.	35,000	G	8				
3	T 0 4	Nickel still		G	9				
4	S 0 1	Spent Bath	300	G	10				



**III. PROCESSES (continued)**

**C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.**

Unit described is nickel recovery unit. "A closed loop system".

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)  
WCTD0001167493

FOR OFFICIAL USE ONLY  
S  
W  
1  
2  
DUP

T/A C  
2  
DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)													D. PROCESSES											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))						
	23	24	25	26	27	28	29	30		31	32	33	34	35	36	37	38		39	40	41	42	43	44
1	F	0	0	6	144,000				P	T	0	2												
2	F	0	0	7	2,000				P	S	0	1												
3	F	0	0	1	4,000				P	S	0	1												
4	D	0	0	0	12,000				T	T	0	1	T	0	2									
5	D	0	0	0	2,600				T	T	0	4												
6																								
7																								
8																								
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24																								
25																								
26																								

CONTINUE ON REVERS



## V. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)														
C	T	D	0	0	1	1	6	7	4	9	3	T/A	C	
												6		

## VI. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VII. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VIII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

74 00 00

LONGITUDE (degrees, minutes, &amp; seconds)

41 30 30

## IX. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; no.)

3. STREET OR P.O. BOX															4. CITY OR TOWN										5. ST.			6. ZIP CODE				

## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

James Filaoro, V.P.-Operations

B. SIGNATURE

James Filaoro

C. DATE SIGNED

11-18-80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

James Filaoro, V.P.-Operations

B. SIGNATURE

James Filaoro

C. DATE SIGNED

11-18-80



FORM <b>3</b> RCRA		U.S. ENVIRONMENTAL PROTECTION AGENCY <b>HAZARDOUS WASTE PERMIT APPLICATION</b> Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			S <input type="checkbox"/> F <input type="checkbox"/> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15											

## FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	

## II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

## A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☐ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

## B. REVISED APPLICATION (place an "X" below and complete Item I above)

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

## III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.  
2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>			<b>Treatment:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
<b>Disposal:</b>					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS . . . . .	G	LITERS PER DAY . . . . .	ACRE-FEET . . . . .	A	
LITERS . . . . .	L	TONS PER HOUR . . . . .	HECTARE-METER . . . . .	F	
CUBIC YARDS . . . . .	Y	METRIC TONS PER HOUR . . . . .	ACRES . . . . .	B	
CUBIC METERS . . . . .	C	GALLONS PER HOUR . . . . .	HECTARES . . . . .	Q	
GALLONS PER DAY . . . . .	U	LITERS PER HOUR . . . . .			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S <input type="checkbox"/> C <input type="checkbox"/> DUP									
T/A C 1									
1 2 3 4 5 6 7 8 9 10									
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEA- SURE (enter code)				1. AMOUNT	2. UNIT OF MEA- SURE (enter code)	
X-1	S 0 2	600	G		5	S 0 1	Spent Perchlor	300	G
X-2	T 0 3	20	E		6				
1	T 0 2	Lagoons	35,000	G	7				
2	T 0 1	Treatment Sys.	35,000	G	8				
3	T 0 4	Nickel still		G	9				
4	S 0 1	Spent bath	300	G	10				



## I. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

Unit described is nickel recovery unit which is a closed loop system.

## V. DESCRIPTION OF HAZARDOUS WASTES

**EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS . . . . .	P
TONS . . . . .	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS . . . . .	K
METRIC TONS . . . . .	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

## D. PROCESSES

1. **PROCESS CODES:**  
**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.  
**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.  
**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. **PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZ. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA Form 3510-3 (6-80)



DESCRIPTION OF HAZARDOUS WASTES (continued)  
 USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)											
1	2	3	4	5	6	7	8	9	10	11	T/A/C
											6

#### V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

#### VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

#### VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)										LONGITUDE (degrees, minutes, & seconds)									
7	4	0	0	0	0					4	1	3	0	3	0				
65	66	67	68	69	70	71				72	73	74	75	76	77	78	79		

#### VIII. FACILITY OWNER

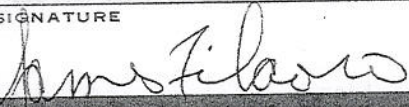
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)									
3. STREET OR P.O. BOX										4. CITY OR TOWN									
5. ST.										6. ZIP CODE									

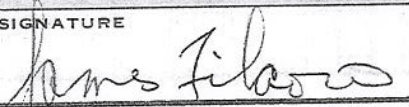
#### IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
James Filaoro, V. P. - Operations		June 9, 1983

#### X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
James Filaoro, V. P. - Operations		June 9, 1983



## V. FACILITY DRAWING (see page 4)

See drawing previously submitted by The Ball & Socket Manufacturing Company, EPA ID # CTDO01167493.





ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

CTD001167493

BALL & SOCKET MFG CO\*  
493 W MAIN ST  
CHESHIRE

CT 06410

INSTALLATION ADDRESS


493 W MAIN ST  
CHESHIRE

CT 06410





**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

<b>INSTALLATION'S EPA I.D. NO.</b>		
<b>I. NAME OF IN- STALLATION</b>		
<b>II. INSTALLA- TION MAILING ADDRESS</b>	BALL & SOCKET MFG CO* 493 W MAIN ST CHESHIRE	CT 06410
<b>III. LOCATION OF INSTAL- LATION</b>	493 W MAIN ST CHESHIRE	CT 06410

## COMMENTS

[illegible]

OCT 6 4 21 PM '80

I. NAME OF INSTALLATION																									
B	A	I	L	L	&	S	O	C	K	E	T	M	F	C	C	O									

## II INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	
693 WEST MAIN ST	

															45				
15		16		CITY OR TOWN												ST.		ZIP CODE	
C		4		CHESTER												CT		06410	
																40		41 42 43	

### III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER															
C	4	9	3	W	E	S	T	M	A	I	N	S	T		

15	16	CITY OR TOWN												ST.	ZIP CODE			
C		WILMINGTON												CT	06410			

#### IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)															PHONE NO. (area code & no.)												
C	2	F	I	L	A	O	R	O	J	A	M	E	S			2	0	3	-	2	7	2	-	5	3	8	1

15	16
V. OWNERSHIP	

A. NAME OF INSTALLATION'S LEGAL OWNER	
PUBLIC HELD CO	

<b>B. TYPE OF OWNERSHIP</b> (enter the appropriate letter into box)		<b>VI. TYPE OF HAZARDOUS WASTE ACTIVITY</b> (enter "X" in the appropriate box(es))	
------------------------------------------------------------------------	--	------------------------------------------------------------------------------------	--

F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> A. GENERATION 57	<input type="checkbox"/> B. TRANSPORTATION (complete item # 58)
		<input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION 60

**VII. MODE OF TRANSPORTATION** (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> <b>A. AIR</b>	<input type="checkbox"/> <b>B. RAIL</b>	<input type="checkbox"/> <b>C. HIGHWAY</b>	<input type="checkbox"/> <b>D. WATER</b>	<input type="checkbox"/> <b>E. OTHER (specify):</b>
----------------------------------------	-----------------------------------------	--------------------------------------------	------------------------------------------	-----------------------------------------------------

### VIII. FIRST OR SUBSEQUENT NOTIFICATION

**VIII. FIRST OR SUBSEQUENT NOTIFICATION**  
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ **A. FIRST NOTIFICATION**      ☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

**CONTINUE ON REVERSE**



5	W	C	T	D	0	0	1	1	6	7	4	9	3	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

**IX. DESCRIPTION OF HAZARDOUS WASTES** (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 2 23 - 26	2 F 0 0 8 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 F 0 0 6 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE  
(D001)

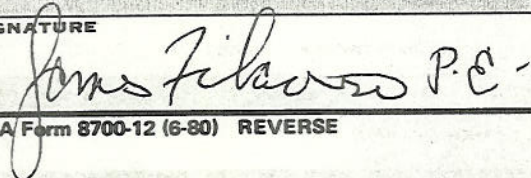
☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☐ 4. TOXIC  
(D000)
**X. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE



NAME &amp; OFFICIAL TITLE (type or print)

 James Filaoro  
Vice President-Operations

DATE SIGNED

8/12/80